



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600001

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SAINT JOHN THE BAPTIST SPORT CLUB, INC.

DOING BUSINESS AS

ADDRESS 40 BURPEE TERRACE

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: BUFALINO,
WILLIAM F.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, NO CELLAR, NINE ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600003

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SWAMPSCOTT CLUB

DOING BUSINESS AS

ADDRESS 362 HUMPHREY

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: GENEST, PAUL
EDWARD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS WITH FOUR ROOMS AND CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600004

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAWTHORNE-BY-THE-SEA INC.

DOING BUSINESS AS

ADDRESS 149-53 HUMPHREY ST

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: ATHANAS,
ROBERT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOM ON STREET LEVEL, DINING ROOM ON SECOND FLOOR, LOBBY AND
PUBLIC AREAS, SECOND FLOOR STORAGE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600005

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RED ROCK FOOD CONCEPTS, INC.

DOING BUSINESS AS RED ROCK BISTRO

ADDRESS 141 HUMPHREY ST.

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: PETERSIEL, PAUL TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR, TWO DINING ROOMS, AND CELLAR USED FOR STORAGE. OUTSIDE PATIO
OFF DINING ROOM AREA AND BAR AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600006

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BOONDEE CORPORATION

DOING BUSINESS AS THAI THANI

ADDRESS 408 HUMPHREY ST.

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: BOONTONG,
VALERIE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS WITH CELLAR FOR STORAGE, MEN'S AND LADIE'S ROOMS ON ONE FLOOR.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600008

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SWAMPSCOTT YACHT CLUB

DOING BUSINESS A

ADDRESS 425 HUMPHREY STREET

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 02790

MANAGER: HARTMAN,
MICHAEL

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SECOND FLOOR OF THE FISH HOUSE, INCLUDING THE SOUTH FACING PORCH OF THE FISH HORSE

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600011

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JOSEPH L. STEVENS POST #1240

DOING BUSINESS AS V.F.W. OF THE U.S.

ADDRESS 8 PINE ST.

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: SACHERSKI,
JOHN R.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. WITH TWO ROOMS AND BASEMENT USED FOR RECREATION FOR THE MEMEBERS.

I hereby certify and swear under penalties of perjury that:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600012

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PARADISE BROTHERS INC.

DOING BUSINESS AS PARADISO

ADDRESS 015-17 RAILROAD AVE.

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: CARENZA,
BENEDETTO

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR BLDG. WITH CELLAR USED FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600015

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: VINNIN SQUARE LIQUORS,INC.

DOING BUSINESS A VINNIN LIQUORS

ADDRESS 371 PARADISE RD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: ANSARA,
MARGARET

TYPE OF LICENSE:Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8,500 SQ. FT. BLDG., CONTAINING 5,500 SQ. FT. OF SALES AREA, INCLUDING OFFICE AND
2,910 SQ. FT. OF STORAGE AREA WITH OUTSIDE DOCK, PLATFORM AT LEFT REAR-SIDE
AREA.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600017

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: C & L PKG STORE INC

DOING BUSINESS AS

ADDRESS 026-28 NEW OCEAN ST

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: PERALTA,
FRANCIS J. III

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BRICK BLDG.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600022

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERTUCCI'S RESTAURANT CORPORATION

DOING BUSINESS AS BERTUCCI'S BRICK OVEN RISTORANTE

ADDRESS 450 PARADISE ROAD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: JENNIFER DIVOLAT

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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Please Check Below:

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LOCAL LICENSING AUTHORITY

By:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600023

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BEIJING PALACE OF SWAMPSCOTT, INC.

DOING BUSINESS AS GOURMET GARDEN

ADDRESS 430 PARADISE ROAD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: TONG, HOI KWOK TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

A ONE STORY RESTAURANT OF APPROX. 4900 SQ. FT. INCLUDING THREE DINING AREAS,
KITCHEN WITH MAIN AND SIDE ENTRANCES.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600028

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: UR OF SWAMPSCOTT, MASS LLC

DOING BUSINESS AS UNO CHICAGO GRILL

ADDRESS 970 PARADISE ROAD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: EDMONDS,
WILLIAM

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING BUILDING CONSISTING OF A HOSTESS/WAITING AREA, BAR AREA, TWO DINING AREAS, KITCHEN, TWO RESTROOMS, AND AN OUTDOOR PATIO AREA WITH SEATING FOR 44

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600029

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: YAN'S CHINA BISTRO, INC

DOING BUSINESS AS YAN'S CHINA BISTRO

ADDRESS 146 HUMPHREY ST

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: LIN, KAREN
LANFANG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING AREA WITH BAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600030

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G" RESTAURANT LLC

DOING BUSINESS A "G"

ADDRESS 254-256 HUMPHREY STREET

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: BRACKMAN,
GREGG

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1ST FLOOR DINING AREA AND BAR SEATING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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SIGNED BY:

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600031

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CITY BAR & GRILL LLC

DOING BUSINESS AS CITY BAR & GRILL

ADDRESS 435 PARADISE ROAD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: BAKHRAKH,
ALEKSANDR

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2438 SF OF FIRST FLOOR SPACE LOCATED AT 435 PARADISE ROAD WITH ONE FRONT ENTRANCE AND ONE BACK ENTRANCE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600032

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 8 ASIA ENTERPRISES INC.

DOING BUSINESS AS ALKIA STEAKHOUSE

ADDRESS 443A PARADISE ROAD

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: XIANG FA YU,
FRANDY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES LOCATED AT 443A PARADISE ROAD...APPRX. 5390 SQ FT...ONE KITCHEN, TWO DINING ROOMS, ONE LOUNGE BAR, ONE ENTRANCE, ONE EXIT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 125600034

CITY OR TOWN SWAMPSCOTT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D AND N, CO

DOING BUSINESS AS ARES EXPRESS

ADDRESS 357 ESSEX STREET

CITY/TOWN: SWAMPSCOTT

STATE: MA

ZIP CODE: 01907

MANAGER: BAKIS, PETER

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE AND A HALF STORY BUILDING APPROX 1700 SQ FT OF SPACE ,WITH AN OFFICE,
RESTROOM AND STORAGE AREA

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)